

INTERNATIONAL SOCIETY FOR KRISHNA CONSCIOUSNESS

Founder-Acarya: His Divine Grace A. C. Bhaktivedanta Swami Prabhupada

ISKCON BOARD OF EXAMINATIONS

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APPLICATION FOR APPROVAL BHAKTI VAIBHAVA CERTIFICATION PROGRAM

Location Name of ISKCON Center Responsible for the Program: _____

Postal Address: _____

We would like to become an Approved Center for the administration of a Bhakti Vaibhava certification program. We have read and understood the document "Standards for Awarding the Bhakti Vaibhava Degree, Version 3.2 - August 2016" and agree to administer our certification program in accordance with the policies of the ISKCON Board of Examinations as they exist now or as they may be amended in the future.

We are appointing _____ to serve as the Program Administrator.

Attached is a description of the planned program covering the following areas:

- Devotee community to be served. (In other words, from where, as a general rule, the enrolled students will come.)
- A statement of the center's admissions policy that fulfills the requirements spelled out in the document "Standards for Awarding the Bhakti Vaibhava Degree".
- Language of instruction.
- Time frame of the course. (In other words, how many weeks or months of instruction, how it will be broken into modules, how it will be interspersed with breaks, and how much total time from beginning to end of the course. Describe the various attendance options that will be offered to the students, if any.)
- The instructor(s) and their qualification.
- Physical location(s) where the students will attend.
- The instructional and assessment methods and policies to be followed by the center that meet the requirements spelled out in the document "Standards for Awarding the Bhakti Vaibhava Degree".

Signed: _____ Approved by: _____
ISKCON Officer Local GBC or Zonal Secretary